The Effect of Splenectomy on Platelet Formation and Megakaryocyte DNA Content in Rats

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The DNA content of rat bone marrow megakaryocytes (MK) was studied by Feulgen photometry following splenectomy and sham operation, respectively. The DNA measurements were preceded by acetylcholinesterase staining for identification of the 2N–8N MK. The number of 2N–8N MK decreased to minimum values, while the number of 16N–64N MK increased to maximum values about 4 days following both splenectomy and sham operation. However, the changes were somewhat more pronounced following splenectomy than sham operation. The total MK number did not change significantly. Platelet production, measured by 35S incorporation into platelets, increased during the first 2 days and remained high for 6–7 days, increasing the platelet production at days 2, 3, 4, 5, 6, 7, 11, and 30 following surgery. The number and DNA content of bone marrow MK were recorded in all animals, except in those sacrificed on days 5 and 6.

Platelet Counts

Under ether anesthesia, 0.1 ml blood was collected from a femoral vein and mixed with 1 ml Isoton II (Coulter Electronics Ltd., Luton, England). The platelets were counted by a Coulter Counter (Coulter Counter S+, Coulter Electronic, Inc., Hialeah, FL).

Platelet Production

The platelet production was determined by measuring the incorporation of 35S-sodium sulfate into the platelets, as described by Dziiewiatowský4 and Odell et al.5 The platelets were labeled in vivo by an intraperitoneal injection of 8.3 megabecquerel 35S-sodium sulfate dissolved in sterile 0.9% NaCl, given 42 hr before the animals were sacrificed. Preliminary studies showed that 35S incorporation into platelets did not differ significantly whether the 35S was given intraperitoneally or intravenously to the operated rats. This indicates that the surgical procedures performed in the present study did not significantly affect the absorption of 35S from the peritoneal cavity. Blood was collected from the aorta after laparotomy. Two milliliters platelet-rich plasma was washed in 1% ammonium oxalate and 0.9% NaCl, resuspended in Lumagel (Lumac System AG, Basel, Switzerland), and the 35S activity was counted in a liquid scintillation system (Mark III, Searle Analytic Inc., Des Plaines, IL). The 35S incorporation into platelets was calculated as a percentage of the total injected 35S dose. In pilot studies, plasma radioactivity was measured at various intervals following 35S injection to monitor for the possibility of an abnormality in sulfate metabolism in the operated animals compared to the controls. The curves for plasma radioactivity were about parallel, indicating that sulfate metabolism was similar for both groups.

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Submitted November 4, 1982; accepted September 19, 1983.

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0006-4971/84/6303-0015$01.00/0
**MK Number and DNA Content**

The method for measuring number and DNA content of rat bone marrow MK has been thoroughly discussed previously, especially with respect to the reliability of the method and its implications compared to previous MK studies. Briefly, the bone marrow was completely removed from both femur diaphyses. All MK on one smear made from 1.2 μl bone marrow from each animal were identified by S-acetylthiocholiniodide staining. In rodents, this stain binds to acetylcholinesterase and colors the platelets and MK brown, including the low ploidy MK, which are otherwise difficult to identify. Other bone marrow cells remain unstained. All MK on the smear were identified and numbered, and the MK number per microliter bone marrow could thus be calculated. The position of the MK was recorded by a grade system. For photometry, the smear was decolorized, as described by Jackson, and restained with Feulgen stain. In each smear, a sample of 101 MK was examined for the DNA content. This sample was randomly selected by drawing numbers allotted to all MK in the smear. Photometry was performed by a scanning microspectrophotometer (SMPO Zeiss, Oberkochen, W. Germany). A wavelength of 570 nm was used, corresponding to the stained component’s absorption maximum, with a ×100 objective immersed in glycerol. For 2N reference value, 25 segmented granulocytes from each smear were measured. The DNA values of the various ploidy classes were calculated on the basis of the observed granulocyte diploid value. Each ploidy class was defined according to an internationally recognized convention, whereby all MK are placed into ploidy classes without any interploidy compartment.

**RESULTS**

In the controls, the number of blood platelets was $0.738 \pm 0.027 \times 10^6/\mu l$ and the $^{35}$S incorporation into platelets was $4.9\% \pm 0.3\% \times 10^{-3}$ of the injected dose. In the operated animals, the blood platelet counts increased significantly after 2 days, and at day 6, reached a maximum of about 190% and 140% of normal values following splenectomy and sham operation, respectively (Fig. 1A). At day 30, the mean blood platelet number was within normal range following sham operation, but about 15% above normal ($p = 0.05$) following splenectomy. Also, the $^{35}$S incorporation into platelets rapidly increased after surgery and was about 220% and 200% of normal at day 2 following splenectomy and sham operation, respectively (Fig. 1B), before normalizing at days 11 and 7, respectively. The curve for platelet production had much the same shape as the curve for platelet counts in both operated groups. There was a transient drop in both platelet counts and platelet production in both operated groups around days 2–4.

There were no significant changes in the total MK number following splenectomy or sham operation (Fig. 1C). Figure 2 presents the variations in MK number within the ploidy classes of 3,629 MK recorded. The number of MK within the 2N–4N compartment decreased to about 10% of normal 4 days after splenectomy ($p < 0.05$), but did not change significantly following sham operation. The number of 8N MK dropped to a minimum of about 10% and 50% of normal 4 days following splenectomy and sham operation, respectively ($p < 0.01$). At the same time, the number of MK within the 16N–64N compartment increased to about 200% and 150% of normal after splenectomy and sham operation, respectively ($p < 0.05$). The number of MK within all ploidy classes was about normal 30 days following surgery (Fig. 2, A and B).

**DISCUSSION**

In accordance with previous studies, we found that blood platelet counts and platelet production increased significantly during the first days following both splenectomy and sham operation. In the present study, no significant increase in MK number could be recorded following splenectomy. The increased MK
...corresponding decrease of small MK (Fig. 2, A and B) has probably been overlooked in previous methods. The number found by other investigators can be explained by the increased number of mature cells. The corresponding decrease in MK population increases the platelet production, as found in the present study. The transient drop in both blood platelet number and platelet production at days 3–4 (Fig. 1, A and B) are not accompanied by a corresponding drop in 16N–64N MK number (Fig. 2A). This may indicate that these 16N–64N MK have recently developed from 2N–8N MK and are not yet mature, and therefore cannot produce platelets at this time, while some of the initially mature MK have finished their platelet production.

The number of 16N–64N MK starts decreasing between days 4 and 7 following splenectomy, probably because of negative feedback from the thrombocytosis. The reason why the blood platelet number and platelet production continue to be high for still some days may be that platelet-producing MK continue this process until their cytoplasm is consumed.

The cause of the postoperative thrombocytosis has not been finally resolved. Previous studies have concluded that platelet lifespan in normal and splenectomized rats is similar. Several authors postulate that the postsplenectomy thrombocytosis is caused by elimination of a splenic humoral factor inhibiting megakaryocyte maturation and/or platelet delivery. Others explain this thrombocytosis by the removal of an exchangeable splenic platelet pool, which is in constant equilibrium with the blood platelets in general circulation. This pool normally contains 12%–15% of the total platelet mass in rats. Following general surgery, the blood platelets are thought to be squeezed out of the spleen by adrenergic stimulation. However, Ebbe et al. concluded that MK maturation rate is increased following surgery. This is a well-known mechanism to increase platelet production. One explanation may be that tissue damage in general stimulates the MK by acting on specific humoral agents. This is in accordance with the studies of Odell et al., who found that powdered glass and egg albumin injected subcutaneously in rats increased the number of blood platelets.

The platelet production increased during the first days after surgery, but was about normal for both groups at days 11 and 30. The increased platelet counts at day 11 in splenectomized animals, together with normal platelet production at this time, can be explained by the high platelet production within this group 4 days previously. The platelet lifespan in rats is 4–5 days. The lack of splenic platelet pooling might also have an effect. According to Shulman et al., the spleen contains comparatively more young blood platelets than old ones. Thirty days after splenectomy, the blood platelet counts still stayed high for the...
spleenectomized animals, but were normal for the sham-operated animals, whereas the platelet production was about normal for both groups (Fig. 1, A and B). Thus, the thrombocytosis at day 30 after splenectomy cannot be caused by lack of a splenic inhibitory factor on platelet production, and the most probable explanation is that this is an effect caused by the removal of a splenic pool. The present study does not support the hypothesis of a splenic inhibitory factor.

The variations in blood platelet number, platelet production, total MK number, and MK number within different ploidy classes followed the same pattern for the sham-operated as for the splenectomized animals during the first week after surgery. However, the changes were more pronounced following splenectomy compared to sham operation. Splenectomy was performed with ligation of large blood vessels, and hence, was a greater surgical trauma than sham operation, where no resection was performed. It has previously been shown that the degree of thrombocytosis corresponds to the extensiveness of the operating trauma.7

The present study shows that the early, highly significant thrombocytosis, both following splenectomy and general surgery, is caused by increased production of platelets due to the surgical trauma. This is caused by a direct action on bone marrow MK by transforming 2N–8N MK into higher ploidy classes, but without any significant increase in total MK number. These effects on MK may be mediated by thrombopoietin, which is known to induce much the same changes as were observed in the present study.7 Lack of splenic platelet pooling may influence the grade and duration of the early thrombocytosis after splenectomy. The late, long-lasting, minor thrombocytosis, which occurs after splenectomy but not after sham operation, can be explained by the removal of the splenic platelet pool.

**ACKNOWLEDGMENT**

The authors gratefully acknowledge the technical help given by A. Skjøen and the assistance of the Department of Tissue Culture, Norwegian Radium Hospital.

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